

Office of Human Resources, Benefits Department



Understanding Student Health Insurance

Plan Year Sept. 1, 2025 – Aug. 31, 2026

2025 Bridging Benefits Educational Series

Presented by the Benefits Department

Aug. 21, 2025, Noon – 1 p.m.

**Please be aware that the plans outlined in these presentations are subject to change. The information provided is accurate as of the date of this presentation and is intended for general guidance only. Any future modifications or updates to benefits will be communicated as they occur.*

Agenda

Understanding Student Health Insurance

- Health insurance overview
- Key terms you should know
- Coverage for international students
- Eligibility requirements
- Pitt-sponsored plans and premium rates
- Enrollment process
- Insurance attestation
- Making changes
- Billing and payment schedule
- Coverage end dates and COBRA continuation
- How to use health insurance
- Support and resources
- Questions?



Health Insurance Overview

A brief introduction to health insurance and its importance

What is Health Insurance?



A contract that requires your provided health insurer to pay some or all of your health care costs in exchange for paying what's called a "premium."



Health insurance covers many health conditions and offers many other important benefits such as prescription drug coverage, wellness opportunities, and preventative care.



Without insurance coverage, healthcare costs can be extreme, and could become your full responsibility.

What are the different types of health insurance?



Medical

Eligible expenses include:

Routine doctor visits, tests, hospital stays, prescription drugs and medical equipment

Can sometimes cover eye or oral care in relation to a medical condition



Dental

Eligible expenses include:

Dental expenses, Cleanings, x-rays, filings, root canals



Vision

Eligible expenses include:

Eye care services, routine eye exams, prescription eyewear, and contact lenses

Key Terms You Should Know

Definitions of commonly used health insurance terminology

Health Insurance 'Premium'

- **Premium:** The amount that you must pay for your health insurance on a designated basis by the insurance company.
 - Typically billed monthly



Deductible, Copayments and Coinsurance

Deductible

- The initial amount that you must pay each plan year for covered benefits before the insurance plan begins to pay for covered benefits.
- If you have covered dependents including a spouse/domestic partner, and/or children, you will have a family deductible.



Copayments

- The specified dollar amount that you are expected to pay at the time of service for certain covered benefits.



Coinsurance

- The percentage of expenses for covered benefits that you are responsible to pay, after meeting your deductible.



In Network vs Out-of-Network

- **In Network** - The phrase usually refers to physicians, hospitals, or other health care providers who are considered **participants** in an insurance plan.

General Example:

Member Cost Sharing	Participating Provider	Non-Participating Provider
Annual Deductible		
Individual	\$250	\$500
Deductible applies to all Covered Services you receive during the Benefit Period, unless the service is specifically excluded.		
Coinsurance		
	You pay 10% after Deductible	You pay 30% after Deductible
Copayments may apply to certain Participating Provider services.		
Any Covered Services for which cost-sharing is not specified in the "Covered Services" table below will pay subject to the applicable Deductible and Coinsurance identified above.		
Total Annual Out-of-Pocket Limit		
Individual	\$4,200	\$10,000
Family	\$8,400	\$20,000

- **Out of Network** - The phrase usually refers to physicians, hospitals, or other health care providers who are considered **nonparticipants** in an insurance plan.

Important! Making sure you are using in-network providers is important to save \$\$ on medical care expenses.

Prescriptions, PCPs and PDOs



Prescription Drug

Drugs and medications that by law require a prescription from a doctor, or medical provider.

- **Examples:**
 - Antibiotics to fight a bacterial infection
 - Inhaler
 - Blood Pressure Medication
 - High Cholesterol Medication
 - Acid reflux Medication
 - Anxiety Medication
 - Pain Medication



Primary Care Physician (PCP)

A physician or medical doctor who directly provides or coordinates a range of health care services for a patient. Some insurance plans require that one is designated.

(Examples on Slide 12)



Primary Dental Office (PDO)

A dentist or dental office who directly provides or coordinates a range of dental services for a patient. Some insurance plans require that one is designated.

- **Examples:**
 - Routine Cleanings
 - Cavities/Filings
 - X-Rays

Specialists, Urgent Care and the Emergency Room



Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose (such as children/pediatric specialist), manage, prevent or treat certain types of symptoms and conditions.



Urgent Care

Urgent care is a category of walk-in clinic focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional emergency room. Urgent care centers primarily treat injuries or illnesses requiring immediate care, but not serious enough to require an emergency room visit.



Emergency Room

The department of a hospital that provides immediate treatment for an acute illness or trauma.

Where to go when care is needed



Primary Care Physician

- Check-ups or physicals
- Common illnesses
- Flu shots
- Health advice
- Medication changes
- Referral to specialist
- Routine visits
- Regular medical problems



Specialist

- Management of complex chronic conditions
- Diagnosis and treatment of diseases
- Procedures or surgeries
- Reproductive health (OBGYN)



Urgent Care

- Fever, flu or cold
- Sore throat
- Sprains and strains
- Pink eye
- Animal or insect bites
- Small cuts that need stitches
- Urinary Tract Infection (UTI)



Emergency Room

- Broken bone
- Major allergic reaction
- Back, neck or head injury
- Difficulty breathing
- Heavy bleeding
- Seizures
- Severe pain

Health Maintenance Organization (HMO/DHMO) vs Preferred Provider Organization (PPO) Plans

HMO (medical) / DHMO (dental) Plans:

- Requires selecting a Primary Care Physician (PCP) or a Primary Dental Office (PDO).
- All services must be rendered through your PCP/PDO (if required by insurance coverage) and treatment with a specialist must be referred by your PCP/PDO (if required by insurance coverage).
- Your PCP/PDO must participate in the HMO/DHMO Network in order to have services/claims covered by insurance.
- Smaller network of providers

PPO Plans:

- Do not require selecting a PCP or PDO
- Can coordinate your own care with specialists
- Larger network of providers

Coverage for International Students

Health insurance differences in the U.S. and considerations for international students

Health Insurance in the U.S.



- There is **no universal or national health insurance** in the United States (US).
- Obtaining **medical, dental, and vision insurance** is a personal responsibility.
- The University of Pittsburgh **strongly encourages that all international students purchase and maintain health insurance while enrolled in courses** at the University.

International Student Requirements



- International students are required to attest to having other medical insurance coverage **OR** enroll in a University-sponsored program.
- Please use the **Fall Enrollment Event** on the Benefitsolver Home tab to either enroll in coverage **or** to submit your attestation and outside insurance coverage details.
 - To attest to other coverage, an Acknowledgement or Insurance Coverage must be submitted. You will need the insurance company's name, address, and telephone number; the policy or group number; the effective date of coverage; and confirmation that the insurance meets the minimum coverage requirement.
 - If you choose to enroll in University-sponsored coverage, the UPMC Student Medical Plan satisfies the J-1 Visa holder requirements.
- For additional information, please refer to this [International Student Guide for Student Health Coverage Enrollment](#).

Eligibility Requirements

Who qualifies for student health insurance and how eligibility is determined

Student Eligibility

■ Eligible:

- Full-Time Undergraduate Students
- Full-Time and Part-Time Graduate Students without an Academic Appointment
- ☐ Full-Time and Part-Time Graduate Students with an Academic Appointment
 - ☐ Graduate Student Assistant (GSA)
 - ☐ Graduate Student Researcher (GSR)
 - ☐ Teaching Assistant (TA)
 - ☐ Teaching Fellow (TF)
 - ☐ Predoctoral Fellows
 - ☐ Certificate Trainees
- ☐ Postdoctoral Fellows
- ☐ Health Science Fellows

■ Not Eligible:

- ☐ Part-Time Undergraduate Students
- ☐ Visiting Exchange Students

New Students For Fall 2025 are eligible for coverage via the Fall Enrollment Event effective Sept. 1, 2025.














Pitt-Sponsored Plans and Premium Rates

Overview of available plans and associated costs

Medical Plan – UPMC Health Plan



What's Included?

Coverage Details	Copayment and Cost Info
 No pre-existing condition limitations	 Deductible: \$250 individual / \$500 family
 Emergency coverage worldwide for UPMC members	 Out-of-pocket max: \$4,200 individual / \$8,400 family
 Plan pays 100% after copayment	 Primary care: \$30 per visit
 Out-of-network coverage at lower benefit level	 Specialist: \$40 per visit
	 Urgent care: \$40 per visit
	 Emergency room: \$75 per visit
	 Behavioral health: \$10 per visit
	 Inpatient hospital: 90% covered after \$250 copay
	 Retail pharmacy: \$15 generic / \$35 preferred / \$70 non-preferred

Medical Plan Rates

- Premiums will differ based on your student type.

Medical Plan (UPMC Health Plan)		
Level	Graduate Students without an Academic Appointment, Postdoctoral Fellows, Health Science Fellows and Full-Time Undergraduate Students	Graduate students with an Academic Appointment (GSA, GSR, TA, TF), Predoctoral Fellows and Certificate Trainees (as defined by University Policy)
Student Only	\$269.76	\$0
Student + Spouse/Domestic Partner	\$539.54	\$436.16
Student + Spouse/Domestic Partner + 1 Child	\$759.28	\$654.24
Student + Spouse/Domestic Partner + Children	\$972.93	\$654.24
Student + 1 Child	\$489.51	\$436.16
Student + Children	\$709.25	\$654.24

Dental Plans – United Concordia

United Concordia Plus DHMO

Who is it for?

- Full-time and part-time graduate students with or without an academic appointment
- Full-time and part-time Health Sciences Fellows, Pre-and Postdoctoral Fellows, Certificate Trainees

What's Included?

- No deductible, annual maximum, or claims to file
- 100% coverage for exams, cleanings, and x-rays
- In-network benefits only
- Benefits available in Pennsylvania only
- Reduced member copays and coverage for crowns, root canals, oral surgery, and fillings
- Selection of primary dental office required during enrollment

United Concordia Flex PPO

Who is it for?

- Full-time undergraduate students

What's Included?

- \$50 annual deductible
- \$500 annual plan maximum
- 100% coverage for exams, cleanings, and x-rays
- 50% coverage for root canals, oral surgery, and fillings
- National dental provider network with the freedom to see any participating licensed dentist
- No referrals needed for specialty dental care

Dental Plan Rates

- Premiums are based on your enrollment level.

Dental Plans (United Concordia)		
Level	2025-26 Plus DHMO (PA Only) Monthly Graduate Student Premium	2025-26 Flex PPO Monthly Undergraduate Student Premium
Student Only	\$17.57	\$14.29
Student + 1 Dependent	\$35.76	\$28.60
Student + Family	\$53.23	\$44.33

Vision Plan – Davis Vision by MetLife

Who it's For?

- Full-time undergraduate students
- Full-time and part-time graduate students without an academic appointment
- Full-time and part-time graduate students with an academic appointment (GSA, GSR, TA, TF) and pre/postdoctoral fellows and certificate trainees

What's Included?

- 100% coverage for eye exams every 12 months
- Select eyeglasses from Davis Vision by MetLife's collection covered in full, or receive a:
 - \$60 frame allowance toward frames of your choice or \$75 contact lens allowance
- Additional lens options available at discounted member prices
- One-year breakage warranty on plan eyewear



Vision Plan Rates

- One vision plan is offered to all students.

Vision Plan (Davis Vision by MetLife)	
Level	2025-26 Monthly Student Premium
Student Only	\$7.54
Student + One Dependent	\$15.06
Student + Family	\$18.08

Enrolling in Student Health Insurance

Step-by-step guide to enrolling in student health insurance

Important Dates and Reminders

Note: Enrollment is not automatic.
Action is required if you wish to enroll.
The default election is "waived".

- **Fall Enrollment period:** Aug. 1, 2025 – Sept. 30, 2025
 - ** Note: Enrollment system will be briefly unavailable between Aug. 31 and Sept. 1*
- **Enrollment and payment information** must be submitted by 11:59 p.m. EST on Sept. 30, 2025 in order to have active coverage effective Sept. 1, 2025
- **Coverage** is a 12-month contract when enrolled in during the fall enrollment period, with coverage Sept. 1, 2025 – Aug. 31, 2026
 - Graduation does not end coverage earlier than Aug. 31, 2026
 - All coverage, regardless of when they enrolled will end Aug. 31, 2026, if there are no changes to their status throughout the academic year (i.e. a TA appointment termination).
- **Changes** cannot be made mid-year without a Qualified Status Change (i.e. marriage, loss of coverage, gain of coverage etc.)

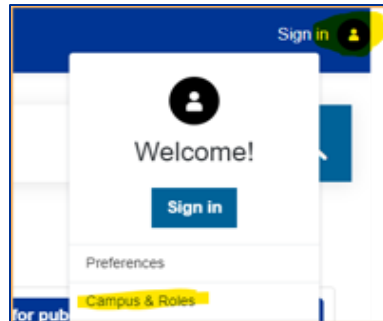
Enrollment Steps

If you've successfully submitted elections, you will receive a confirmation # at the very end.

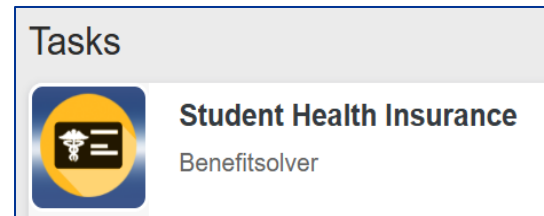
1. Log into my.pitt.edu.



2. Select **"Students"** from the **"Roles"** drop-down (located under the people icon on the right-hand side) if not already selected.



3. Search for **"Student Health Insurance"** (Benefitsolver).



4. Once in Benefitsolver Click **"Start Here"** to start the enrollment process.



5. If enrolling dependents, such as a spouse, domestic partner or child you will be prompted to enter in their information.



6. Continue through to enroll or waive, medical, dental and vision. To finalize your elections, be sure to hit **"Approve"** and **"I Agree"** to the terms and conditions.

Post-Enrollment Actions

- **Dependent Verification.** If you are enrolling dependents, you will be prompted to upload supporting documents after Agreeing to the terms and conditions. *Dependent Documentation must be submitted by the last day of Fall Enrollment Sept. 30, 2025.*
 - *For example, if you are enrolling a spouse, you will need to upload a copy of your marriage certificate.*
- **Payment Setup:** If you elect a plan that requires payment, you will see a payment link to take them you to the payment website to setup autopay or make a one-time payment. *Payment is in NuPay (Paymentus).*



Insurance Attestation

What it means to attest and how to complete the attestation process

Insurance Waivers (Attestations)

- Student Health Insurance at Pitt is automatically waived for Sept. 1, until a student takes action to enroll.

Domestic Students (U.S. Citizens)

Domestic (U.S. Citizen) Students are not required to show proof of other coverage. **No action needed if a domestic student does not want Pitt's student insurance coverage.**

International Students (Citizens of a foreign country)

International Students are required to Enroll or Attest to having coverage outside of Pitt during Fall Enrollment. If no action is taken, the University Reserves the right to place a registration hold on their account.

School Of Medicine Students

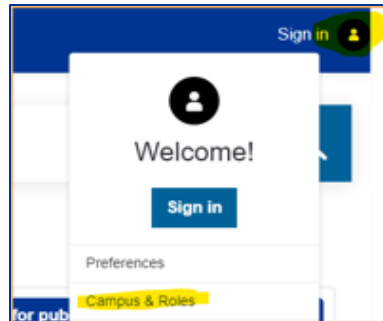
School of Medicine Students are required to Enroll or Attest to having coverage outside of Pitt during Fall Enrollment. If no action is taken, consequences with the School of Medicine may apply.

Attestation Steps (Declining Coverage)

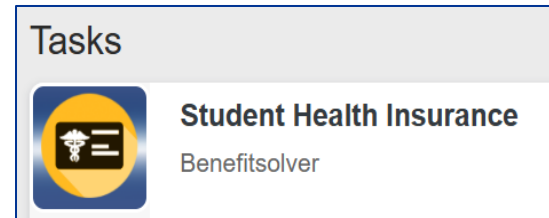
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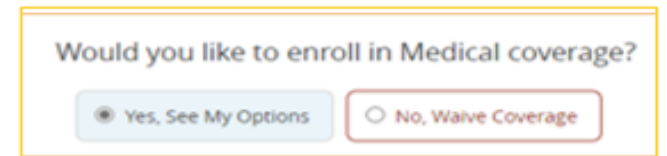
3. Search for **"Student Health Insurance"** (Benefitsolver).



4. Once in Benefitsolver Click **"Start Here"** to start the enrollment process.



5. When it asks About Enrolling in Medical Coverage, select **"No, Waive Coverage"**.



6. Complete the Attestation with your other insurance plan details.

7. Continue through to enroll or waive dental and vision. To finalize your elections, be sure to hit **"Approve"** and **"I Agree"** to the terms and conditions.

International and Medical School Student Attestation Form


- If attesting to having outside coverage, you will need to enter in detail about your Insurance:
 - Company Name, Address, Phone Number, Group/Policy Number and Effective Date etc.
- Coverage should start on or before Sept. 1, 2025 for the 2025-26 academic year.

1. About You▼

2. Election Information▼

3. Review

Medical



Additional Information

You are required to attest to having other medical insurance coverage in order to waive coverage. To attest to other coverage, please complete all the fields below. International students must submit their attestation no later than September 30. If attestations are not submitted by September 30, an academic hold will be placed on your account.

Insurance Company Name *

Insurance Company Address *

Insurance Company Phone *

555-555-1234

Insurance Company Group or Policy Number *

Effective Date of Coverage *

MM/DD/YYYY

Does your insurance policy meet the following minimum coverage requirements: \$50,000 per accident or illness; Medical evacuation in the amount of \$10,000; Repatriation coverage for up to \$7,500; A deductible of no more than \$500 per illness? *

☐ Yes

☐ No

Making Changes

How to modify your coverage due to life events or status changes

Making Changes to your Elections



- Fall Enrollment
 - Annual election period to enroll
 - Occurs every fall
 - Coverage is effective for Sept. 1, 2025 for the current academic year
- Qualified Status Change
 - Must be completed within **60 days** of the life event.
 - Examples of qualified Life events under the IRS regulations include, but are not limited to:
 - Marriage
 - Divorce
 - Gain of Coverage
 - Loss of Coverage
 - Birth/Adoption/Placement/Fostering of a child
 - Move or Relocation to or from the U.S.
 - Death of an enrolled dependent

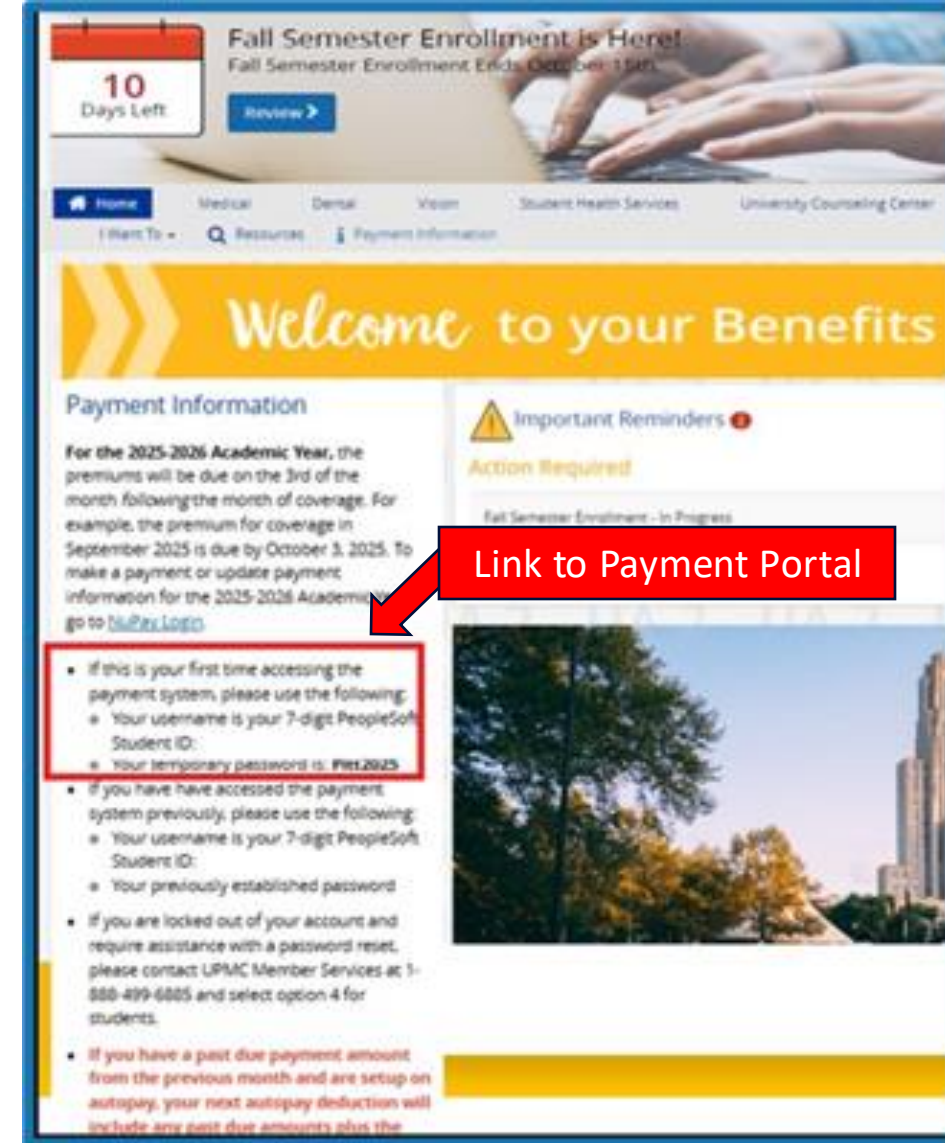
Information and Instructions can be found here: hr.pitt.edu/students/changing-benefits

Billing and Payment Schedule

Understanding how premiums are billed and when payments are due

Student Billing and Payments

- **Payment System:** NuPay (Paymentus) administered by UPMC Health Plan
- **Billing Cycle:** Student insurance premiums are billed in arrears, meaning coverage for a given month is billed the following month.
- **Payment Due Date:** Payments are due on the 3rd day of the month following the coverage period.
- **Example:** The premium for Sept. coverage is due by Oct. 3, 2025.



Payments Options

- **One-Time Payment** = Students will need to enter the amount they'd like to pay manually if making a one-time payment
- **Automatic Payments** = Students will set up their billing/account info in NuPay and the first automatic payment will deduct Oct. 3, 2025 for Sept. Coverage.
 - Any students previously enrolled in auto-pay should not have to set it up again
- **Changing Payment Methods** = If a student wants to update, change or delete a payment method, they can do so in the Wallet Section.

The screenshot displays the NuPay Test web application. The top navigation bar includes the title 'NuPay Test' and user information. The left sidebar lists various navigation options. The main content area is titled 'Make a Payment' and features two tabs: 'Patient' and 'Non-Patient'. The 'Patient' tab is active, showing a form for 'Billing System Information #1'. This form includes dropdown menus for 'Billing System' (eBenefits Medical MC400) and 'Entity' (eBenefits Medical), a 'Payment Type' dropdown (Individual Payment), and input fields for 'Account Number', 'DOS', and 'Invoice Number (Optional)'. Below the form are buttons for 'CANCEL PAYMENTS' and 'ADD'. A 'Patient Information' section is also visible, containing fields for 'First Name', 'Last Name', 'Email Address', and 'Phone Number'.

Coverage End Dates and COBRA Continuation

What happens when coverage ends and options for extending it.

COBRA – What is It?

COBRA is a U.S. federal law that allows employees and their families to continue health insurance coverage after experiencing certain qualifying events that would typically result in the loss of coverage.

These events may include:

- Job loss (voluntary or involuntary)
 - Reduction in work hours
 - Divorce or legal separation
 - Death of the covered employee
 - Transition between jobs
- Under COBRA, individuals can maintain their group health benefits for a limited period—typically **18 to 36 months**—but they are responsible for paying the full premium, including any portion previously covered by the employer, plus a small administrative fee.

Coverage Termination

Note: If you are returning as a student next academic year, you will need to act to re-enroll again for the next plan year. **Re-enrollment is required each year you are a student.**

For those enrolling during the 9/1/2025 – 8/31/2026 plan year, coverage will automatically terminate on 8/31/2026.

Who Gets Offered COBRA?

- Appointed Graduate Students (GSR, GSA, TA, TF, Pre-Doc Fellow and Certificate Trainees as defined in [University Policy](#)) whose appointment has terminated and they are no longer enrolled in courses as an active student.
- Postdoctoral Fellows and Health Science Fellows whose appointment has terminated.

Who Does not get COBRA?

- Full-Time Undergrads.
- Graduate Students without an appointment.

Why do only Appointed Students get COBRA?

- Federal COBRA regulation is tied to ‘employment-based’ coverage, which is why appointed grad students qualify.
- Regular students are not subject to COBRA because their insurance plan and/or rate is not tied to employment.

COBRA

- COBRA is available for Appointed Grads (GSR, GSA, TA, TF), Predoctoral Fellows, Postdoctoral Fellows, Health Science Fellows and Certificate Trainees.

Appointed Graduate Student	Coverage Information and Effective Dates
Graduating fall term	Coverage ends December 31; offered COBRA through UPMC BMS for January 1
Graduating spring term (two-term appointment)	\$0 premium until Aug. 31; offered COBRA through UPMC BMS for Sept. 1
Appointment ends fall term not graduating.	Student must re-enroll for continued coverage effective January 1; student is responsible for premium payments effective January 1 through Aug. 31
Appointment begins fall term, ends spring term, not graduating (two-term appointment)	\$0 premium until coverage ends Aug. 31. If they do not return as a student COBRA is offered for Sept. 1
Appointment ends before end of spring term, by March 31 or Prior	Coverage ends at the end of the month in which their appointment ends; student is offered benefits through Benefitsolver and responsible for premium payments until Aug. 31. The student is also offered COBRA through BMS effective the first month after their appointment ends. It is up to the student to decide how they want to continue coverage.

How to Use Health Insurance

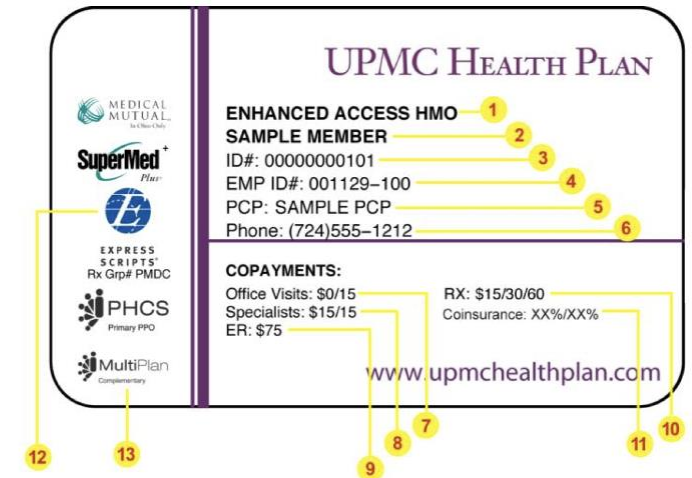
How to find providers and make an appointment.

Medical Member ID Card

- Keep your member ID card in a safe place (wallet, purse etc.) And carry it with you.
- When going to an appointment, urgent care or the emergency room present your ID card. They will use that to bill the service through your insurance.
- If you download the **UPMC Health Plan App** you can also access your ID card Digitally.
 - For assistance with creating an account/logging in, please call UPMC Member Services at 1-888-499-6885.
 - [UPMC Website](#)

Normal Insurance Cards

1. Plan Name
2. Member Name
3. Member ID Number
4. Group Number
5. Primary Care Provider (PCP)
6. PCP Phone Number
7. Co-Pays for PCP Visit
8. Co-Pays for Specialists
9. Co-Pay for ER Visit
10. Co-Pay for Prescriptions
11. Coverage for In Network vs Out of Network Services



Using Medical Insurance



- Find Providers that accept your insurance.

UPMC Health Plan (medical)

Calling Customer Service at 1-888-499-6885

Online Search:

- Go to www.upmchealthplan.com
- Select **Find Care** at the top of the page
- Select either the '**I'm A Member**' or '**I'm Just Browsing**' tab
- Select "My School provides my health insurance"
- Choose the type of care (medical or behavioral health)
- Choose to search either by name or by specialty
- Enter zip code
 - Search tips
- If selecting '**I'm A Member**,' enter your member ID number to verify your plan
- If selecting '**I'm Just Browsing**,' you will need to verify that your plan is accepted
- To verify, select the office/doctor and then select 'Show Networks Accepted'

Tutorial – Finding a Provider

- [UPMC Health Plan](#)

Using Dental Insurance



- Find Providers that accept your insurance.

United Concordia (dental)

Calling Customer Service: 1-877-215-3616

Online Search:

DHMO Plan use 'DHMO Concordia Plus General Dentist' (GRADUATE STUDENTS)

- Visit UnitedConcordia.com
- Click the **Find a Dentist** button at the top
- Type in a Pennsylvania zip code or city and state, and then click **Search**
- Pick **DHMO Concordia Plus General Dentist** from the drop-down list

PPO plan use 'Advantage Plus' (UNDERGRADUATE STUDENTS)

- Visit UnitedConcordia.com
- Click on **Find a Dentist** button at the top
- Type in an office location or a dentist's name
- Select the **Advantage Plus** network from the drop-down list

Using Vision Insurance



- Find Providers that accept your insurance

Davis Vision by MetLife (vision)

Calling Customer Service at 1-888-777-7418

Online Search:

- Go to [MetLife.com](https://www.MetLife.com)
- Scroll to '**How can we help you**' and select '**Find a vision provider**'
- Select '**MetLife Vision – Davis**'
- Complete the demographics section (location, mile radius, etc.)
- Click '**Search Now**' to obtain a provider list based on your inputs in step 4

How to Make an Appointment



1. Once you find a provider, inquire that they accept your insurance.
 - Once you confirm your insurance coverage is accepted, you can now make an appointment.
 - When making an appointment make sure the appointment date is for when your coverage is active (i.e. If coverage starts Sept. 1, don't make an appointment until after Sept. 1)
2. Make sure you carry your insurance card with you (or have the digital version available) at every appointment.
3. You might owe a copayment at the time of service, where applicable.
4. You may receive a bill for any additional balances due.

Support and Resources

Where to go for help, additional information, and campus support

Available Resources

■ University Offered Insurance Providers

- UPMC Health Plan: 1-888-499-6885, option #4 for students
- United Concordia: 1-877-215-3616
- Davis Vision by MetLife: 1-833-393-5433

■ Pitt Benefits Department

- Customer Support can be reached at 833-852-2210 or by submitting an [online inquiry](#)
- For any questions regarding system errors or how to access the enrollment platform

■ University of Pittsburgh Student Health Service, Counseling Center and University Pharmacy

■ Student Health Services Clinic

- Mark A. Nordenberg Hall
Wellness Center, 119 University Place, Pittsburgh, PA 15260
- [Student Health Services](#): 412-383-1800
- [Counseling Center](#): 412-648-7930
- [University Pharmacy](#): 412-383-1850

**Academic Year 2025 - 2026 (begins
Sept. 1, 2025)**

- [Health Insurance Summary Guide for Graduate, Professional, and Undergraduate Students](#)
- [Graduate Student Wellness Resources](#)

Questions?

Office of Human Resources, Benefits Department

Thank you!

<https://www.hr.pitt.edu/students/student-health-plans>